

Name of Candidate: Last Name, First Name, Middle Initial Mr. (✓) Mrs. () Ms. ()

C A M P B E L L , R . M I C H A E L

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

R E D A C T E D

LOCATION OF CAMPAIGN ACCOUNTS

A. Savings Account #

R E D A C T E D

Name of Banking Institute:

REDACTED

Address:

REDACTED

B. Checking Account #

R E D A C T E D

Name of Banking Institute:

REDACTED

Address:

REDACTED

NOTE:

PLEASE COMPLETE THIS ENTIRE REPORT IN BLUE OR BLACK INK OR TYPE

DO NOT USE PENCIL**KEEP A COPY FOR YOUR RECORDS****\$100 PER DAY PENALTY IF FILED LATE****Initial Report****1/12/05 – 1/20/05**

**STATE ETHICS COMMISSION
CANDIDATE CAMPAIGN DISCLOSURE FORM**

1. Type of Report: ☒ Initial ☐ Pre-Election ☐ Final Quarterly Update: ☐ Apr 10 ☐ Jul 10 ☐ Oct 10 ☐ Jan 10

2. Name of Candidate: Last Name, First Name, Middle Initial Mr. (✓) Mrs. () Ms. ()

C A M P B E L L ,															R .					M I C H A E L																								
3. Mailing Address:															P O										B O X										1 1 2 1 1									
City:															C O L U M B I A										State:										S C									
Zip:															2 9 2 1 1										Phone:										8 0 3 - 2 3 1 - 2 0 0 6									
4. Position Sought: (House/Senate-Dist.#)															L T										G O V E R N O R																			
5. Date of Election: (mo/day/year)															6 / 1 3 / 0 6																													
6. County of Residence:															R I C H L A N D																													
7. Agency:															L T										G O V E R N O R ' S										O F F I C E									

8. Type of Election: ☒ Primary ☐ Runoff ☐ General ☐ Special ☐ Convention/Caucus

9. If filing fee was paid from personal funds and will be the only expense, enter amount of filing fee \$ _____. Stop here – sign, date, and mail this page and page 1 only at least fifteen (15) days before the election. If you receive any funds or make any other expenditures, you must open a separate account.

10. CONTRIBUTIONS (Check if none _____)	Unitemized (\$100.00 or less)	Itemized (over \$100.00)	TOTAL	
			This Period	Election Cycle
A. Candidates: Personal Funds	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
B. Individual Contributions or other	(+) \$ 0.00	(+) \$ 20,000.00	(+) \$ 20,000.00	(+) \$ 20,000.00
C. In-Kind Contributions	(+) \$ 0.00	(+) \$ 1,754.50	(+) \$ 1,754.50	(+) \$ 1,754.50
D. Total Contributions	(=) \$ 0.00	(=) \$ 21,754.50	(=) \$ 21,754.50	(=) \$ 21,754.50

11. EXPENDITURES	Total (This Period)	Total (Election Cycle)	12. BALANCE OF CONTRIBUTIONS	
A. In-Kind Expenditures (Must equal 10C)	\$ 1,754.50	\$ 1,754.50	A. Contrib. On Hand (Beginning of This Period)	\$ 0.00
B. Expenditures	(+) \$ 854.20	(+) \$ 854.20	B. Total Contributions (This Period) (10.D)	(+) \$ 21,754.50
C. Total Expenditures	(=) \$ 2,608.70	(=) \$ 2,608.70	C. Total Expenditures (This Period) (11.C)	(-) \$ 2,608.70
			D. Contrib. On Hand (Period End)	(=) \$ 19,145.80

13. LOANS

Amounts Owed by the Candidate \$ 20,064.41 (Must be Itemized in Section C)

CERTIFICATION: I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty of \$100.00 per day WILL be levied.

Date: 8/1/2011 Signature: J. Todd Kincannon If other than the candidate, print name below

Print: J. TODD KINCANNON

FOR OFFICE USE ONLY:

☐ Complete ☐ Incomplete

☐ Entered ☐ Scanned

FAXED COPIES WILL NOT BE ACCEPTED

The original must be received no later than 5:00 p.m. on the date of the established deadline.

NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.

E4A.3

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR**A. ITEMIZED CONTRIBUTIONS**

DATE	FULL NAME, FULL ADDRESS, AND OCCUPATION OF INDIVIDUAL CONTRIBUTOR(S) OR FULL NAME AND FULL ADDRESS OF GROUP MAKING CONTRIBUTION		CONTRIBUTIONS THIS PERIOD	CONTRIBUTIONS TO DATE
1/12/05	Name:	Wachovia (Loan)	\$ 20,000.00	\$ 20,000.00
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
1/12/05	Name:	Mr. Mike Campbell (In-Kind)	\$ 877.25	\$ 877.25
	Address:	P.O. Box 11211, Columbia, SC 29211		
	Occupation:	Candidate		
1/12/05	Name:	Mr. Mike Campbell (In-Kind)	\$ 877.25	\$ 1,754.50
	Address:	P.O. Box 11211, Columbia, SC 29211		
	Occupation:	Candidate		
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
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	Occupation:			
	Name:		\$	\$
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	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			

PAGE SUBTOTAL \$ 21,754.50ALL CONTRIBUTIONS LISTED -- TOTAL (Equals Number 10.D Period Total) \$ 21,754.50

E4A.4

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR

B. ITEMIZED EXPENDITURES

DATE	FULL NAME AND FULL ADDRESS OF VENDOR OR CANDIDATE TO WHOM EXPENDITURE WAS MADE		DESCRIPTION OF EXPENDITURE	AMOUNT THIS PERIOD
1/12/05	Name:	Mr. Mike Campbell (In-Kind)	Security Deposit on Office	\$ 877.25
	Address:	P.O. Box 11211, Columbia, SC 29211		
1/12/05	Name:	Mr. Mike Campbell (In-Kind)	First Month's Rent	\$ 877.25
	Address:	P.O. Box 11211, Columbia, SC 29211		
1/20/05	Name:	The Crescent Group	Startup Consulting	\$ 854.20
	Address:	P.O. Box 11211, Columbia, SC 29211		
	Name:			\$
	Address:			
	Name:			\$
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PAGE SUBTOTAL \$ 2,608.70

TOTAL (Must equal amount reported in Number 11.C This Period) \$ 2,608.70

E4A.5

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR**C. (1) LOANS RECEIVED**

DATE	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR FULL NAME AND FULL ADDRESS OF GROUP MAKING LOANS		PURPOSE	TERMS	INITIAL AMOUNT OF LOAN
1/12/05	Name:	Wachovia	See Left	See Left	\$ 20,000.00
	Address:	705 Saluda Ave., Columbia, SC 29205			
	Purpose:	Campaign Startup Expenses			
	Terms:	Loan Guaranteed by Candidate. Personal Funds Used as Security. 5 years. 14.675% Interest.			
	Name:				\$
	Address:				
	Purpose:				
	Terms:				

TOTAL LOANS RECEIVED \$ 20,000.00**(2) LOAN REPAYMENTS**

DATE OF PAYMENT	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR GROUP TO WHOM REPAYMENT WAS MADE		PAYMENTS		EXISTING BALANCE
			This Period	Year-to-Date	
Period End	Name:	Wachovia	\$ None	\$ 0.00	\$ 20,064.41
	Address:	705 Saluda Ave., Columbia, SC 29205			
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				
	Name:		\$	\$	\$
	Address:				

TOTAL (Must equal amount reported in Number 13 Loans) \$ 20,064.14**D. FINAL DISPOSITION OF PROPERTY OWNED BY CAMPAIGN WORTH \$100.00 OR MORE**

Asset: _____ Disposition: _____

Asset: _____ Disposition: _____

Asset: _____ Disposition: _____

Asset: _____ Disposition: _____